

Sample Procedure for Telemedicine for Psychiatry:

PURPOSE:

To ensure adherence to all applicable laws, rules, and regulations while ensuring patient access to psychiatric/pharmacological management services through the use of “live two-way audio-visual communication”. By implementing these procedures, Ministry Health Care will provide “long distance” psychiatric/pharmacological management services to patients.

PROCEDURES:

I. DEFINITIONS

Pharmacological Management – A service provided to a patient by a physician, in accordance with TIMA to determine symptom remission and the medication regimen needed.

Psychiatric Evaluation – Psychiatric diagnostic interview examination by MD, Licensed Psychologist, APN, or PA.

Telemedicine – The use of electronic communication and information technologies to provide or support clinical psychiatric care at a distance. This definition includes: (1) live interactive two-way audio-video communication; and (2) any communication modalities such as phone, fax, e-mail, the internet, and still imaging that are used in conjunction with such live two-way audio-video communication. The same standards of care and protocol exist with telemedicine as are used when assessing and treating the patient on-site. The physician-patient relationship is the same.

II. APPLICATIONS/SCOPE

A. Services

1. The following services will be available through the use of telemedicine:
 - Pharmacological management
 - Psychiatric evaluation and diagnosis.
2. Treatment via telemedicine will not deviate from standards of care applicable to face-to-face assessment and treatment.
3. The telemedicine psychiatric service by the psychiatrist may be an adjunct to periodic face-to-face contact or it may be the only contact by the psychiatrist.

B. Locations

Telemedicine psychiatric services will be provided as follows:

1. Patient at remote location/Psychiatrist on site – Psychiatrist will be at the Ministry Health Care site and the patient will be at a remote location.
2. Psychiatrist at remote location/Patient on site – Psychiatrist will be at remote site and patient will be at the Ministry Health Care site.

- C. **Clinical Oversight**
Clinical oversight of the telemedicine psychiatric services will be provided by Ministry Medical Group Medical Director.
- D. **Contraindications for Use**
The consulting physician should request face-to-face consultation if the patient's condition does not lend itself to a telemedicine consultation or if visual or sound quality is inadequate.

III. PROVIDERS

- A. Telemedicine psychiatric services will be provided by licensed and credentialed psychiatrists who are full/part time employees or have a current contract with Ministry Health Care. The clinical care will be provided within the scope of their licenses.
- B. Other providers who may be present during the telemedicine psychiatric service include Ministry Health Care nurses and case managers. The nurses will provide incidental services to the psychiatrist. The case manager will provide monitoring and support services to the patient.

IV. PRIVACY, CONFIDENTIALITY AND SECURITY

- A. The privacy and confidentiality of the telemedicine psychiatric service will be maintained by ensuring that the locations of the patient and psychiatrist are secure. The services will be provided in a controlled environment (closed doors) where there is a reasonable expectation of absence from intrusion by individuals not involved in the patient's direct care.
- B. "Do Not Enter" signs will be posted on the outside door of offices used in order to notify individuals not to enter the room during a psychiatric service.
- C. Ministry Health Care staff involved in the patient's care, family members and technical staff may at times be present in interviews. Patients will be informed about others present in the room at the distant site if such persons are off camera and appropriate authorizations for disclosure of information will be obtained. Whenever possible, the presence of non-clinical staff during a psychiatric service will be avoided.
- D. If appropriate, a Ministry Health Care staff member will be at the site with patient during the telemedicine psychiatric service to ensure the safety of the patient.
- E. The telemedicine psychiatric services will not be audio- or video-taped without written informed consent from the patient.

V. INFORMED CONSENT

- A. Informed consent for telemedicine psychiatric services will be obtained in writing from the patient prior to the service.
- B. The patient will be made aware of the potential risks and consequences as well as the likely benefits of the telemedicine psychiatric services, and will be given the option of not participating. Patients will be informed that services will not be withheld if the telemedicine psychiatric encounter is refused, although such care will depend on availability of alternative resources.
- C. The content of the consent will be discussed fully and a note documented in the record that this has occurred.
- D. The original signed consent will be filed in the patient's medical record.

VI. REQUIRED DOCUMENTATION

All documentation of telemedicine psychiatric services will be documented in accordance with applicable standards, guidelines, by-laws, rules and regulations.

- A. A **Progress Note** will be written by the psychiatrist to document each visit with the patient. The progress will be completed (dictated) the day of the visit.
- B. Upon admission a **Psychiatric Evaluation** will be conducted and documented in the patient's record.
- C. **Prescriptions** will be documented on the organization's approved prescription forms and filed in the record.
- D. **Orders** for lab work and notation of review of lab work will be documented in the progress notes.
- E. When equipment failure prevents adequate diagnosis or treatment, a progress note should be written to document such failure.

VII. MEDICAL RECORDS

- A. Medical Records staff will ensure that current and accurate psychiatric, diagnostic, medical, and medication information is made available/accessible for routine care and in emergency situations.
- B. If the record is kept at the site where the patient is being seen, arrangements will be made to have a copy of the record as well at the site of the treating clinician not only for routine care but in case of emergencies.

VIII. TRAINING, LICENSURE AND LIABILITY

- A. All staff members involved in the operation of the system and provision of the services will demonstrate competency in the system's operation (including equipment operation and limitations and means of safeguarding confidentiality and security). Such training will be provided by the Information Technology (IT) department.
- B. Psychiatrists will be credentialed through Medical Staff Services to ensure licenses and liability insurance are current.

IX. EQUIPMENT FOR VIDEOCONFERENCING

- A. At a minimum, equipment used will comply with the following equipment standards:
1. ...
- B. IT will be responsible for ensuring that all telemedicine equipment used meets the above standards.

X. QUALITY OVERSIGHT/MONITORING

- A. Quality oversight of the service will be provided by the Quality Management Department through annual reviews of documentation and monitoring of sites.
- B. Patients participating in telemedicine psychiatric services will be asked to complete a satisfaction survey on an annual basis. Sample questions that may be asked include, but are not limited to the following:
- Was it easy to schedule an appointment?
 - Were your privacy and confidentiality protected during the telemedicine psychiatric service?
 - Were you able to communicate adequately with the doctor?
 - Were the picture and sound O.K.?
 - Was the doctor on time for the appointment?
 - Was the nurse there to assist you if needed?
 - Overall, are you satisfied with the telemedicine psychiatric services?

XI. SPECIFIC OPERATING PROCEDURES

- A. Scheduling of appointments for telemedicine psychiatric services will be handled by ...
- B. Prescriptions will be written and given to the patient/sent to the pharmacy if applicable.
- C. At the conclusion of the service the psychiatrist will complete a progress note and assign appropriate codes for patient payment functions.

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